JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5108

P.O. Box 12070

FORM JC/OH COVER SHEET PG 1

1-800-325-8506

1			·
The JC/OH INSTRUCTION GU	IDE explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST LLTSABE NICKNAME LAST CARLE	SUFFIX	OFFICE USE ONLY Date Received 0.2 MAR - COUNTY
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE#	STON, TX. 78757	LED 4 PM 3: 05
⁵ CAMPAIGN TREASURER NAME	NICKNAME LAST HERNAN	MI R SUFFIX DEZ	Receipt # HD / PM Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUI	^	703
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 477-9433	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	·	15th day after campaign treasurer appointment (officeholder only) Final report (Attach JC/OH - FR)
9 PERIOD COVERED	Month Day Year THRO	UGH 3/OZ/	Year ∕ O Z
10 ELECTION	ELECTION DATE Month Day Year 3 / 12 / 0 2 Primary		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (#1 20047) 12 AU IS COUNTY	TO THE HEAD OF THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this informat Name		
additional pages	Address / PO Box: Apt. / Suite #, City: State:	Ziρ Code	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME ELZS	AB67H /	4. EARLE	5 A COUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	- This listing inclumay have been made report this information	didate / officeholder. These expenditures didates and officeholders are required to	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRI'SS	•
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	_ %
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,9400
EXPENDITURE TOTALS	. 3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI.	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 44,471.97
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DREPORTING PERIOD	\$ 4,187.55
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	**************************************
18 AFFIDAVIT			
		I swear or affirm under penalty of	Porium, that the personnellar record



is true and correct and includes all information required to be reported by me under Title 15, Elegtion Code.

AFFIX NOTARY STAMP / SEAL ABOVE

192002 to certify which, witness my hand and seal of office.

POLITICAL: EXPENDITURES

SCHEDULE F

	· · · · · · · · · · · · · · · · · · ·
The Iнstruction Guide explains how to complete this form.	1 Total pages Schedule F:
FLESABETH A. EARLE	3 ACCOUNT# (Ethics Commission filers)
Date 5 Payee name FROME DEADT 2 2 02 6 Payee address; City; State; Zip Code 3600 IH 355, Auxtra	7 Amount (5) 39654
Purpose of expenditure SUPPLIES	9 ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought / held
Date Payee name () PINION & ANALYST Payee iddress; City; State; Zip Code 2 7 02 906 Ris Granse AUSTI	5, Inc. H2706 N, Tx. 78701
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name CITECIK MARIC TYPESE 2 114/82 Payee iddress; City; State; Zip Code 31.17 N TH35	11 ans 1 x. 78722 \$230154
Purpose of expenditure STGNら	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payae pame RBH DTRECT 2/18/02 Payee address; City; State; Zip Code 1/602 GLENCREST DR.	LUSTEN, Tx. 78723 \$ 93360
Purpose of expenditure OST CAROS	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held

[exas	Ethics	Com	rniss	ion
				

	12070

Austin, Texas 78711-2070

(512) 463-5800

1-800 325-8506

LOANS (JUDICIAL)		SCHEDULE E (J)
The Instruction Gui	DE explains how to complete this form.	1 Total pages Sch	nedule E(J):
2 FILER NAME		3 ACCOUNT# (E	thics Commission filers)
4 тот <i>,</i>	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$	\$
5 Date of loan	7 Name of lender	out of state PAC	9 Loan Amount (5)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip (Code	10 Interest rate
Y N			11 Maturity date
12 Lender's Principal Oc	ccupation	13 Lender's Job Title	
14 Lender's Employer/La	aw Frim	15 Law Firm of lender's spouse (if any)	
16 If lender is child, law	firm of parent(s) (if any)		
17 Description of Collate	ral .		
18 GUARANTOR INFORMATION	19 Name of guarantor		21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip C	ode	
22 Guarantor's Principal	Occupation	23 Guarantor's Job Title	· ·
24 Guárantor's Employe	r/Law Frim	25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, la	aw firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

P	QL	LTI	CA	L		
E	XP	EN	DI	TL	JR	ES

SCHEDULE F

	-				
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Total pages Schedule F:	
FILER NAME	BARDETH A. EARLE		3 ACCOUNT	# (Ethics Commission filers)	
2 6 0Z	5 Payee name WRIEY PRINTONG	17x-787ZZ		7 Amount (S) 2 919 96	
Purpose of exp	PLTES, SYN	9 ·· Complete If direct expe Candidate / Orficeholder		it C/OH Office sought / held	
Date 2 8 02	Payee name RBI-I DARGET Payee address; City, State; Zip Code 1602 GLENCREST DR	Austin, Tx.	78723	Amount (5) AC/10 81	
Purpose of exp	penditure	• Complete if direct expe Candidate / Officeholder		it C/OH •• Office sought / held	
Date 2 18 02	Payee name AUSTEN PROGRESSEUE CO Payee address: City: State: Zip Code C/O BREE Buchana 1510 Edycumod To Taylor To Taylor	v2 ~ ~		Amount (S)	
Purpose of exp		·· Complete if direct expe Candidate / Officeholder		it C/OH •• Office sought / held	
Date 2 20 02	Payee name RINGY MILLER MEDICAL Payee address: City; State; Zip Code SOIN IH35 AUSTON	N, Tx. 78702		Amount (S) 30	
Purpose of exp	TZTTSTN6.	Complete if direct expe . Candidate / Officeholder i		t C/OH •• Office sought / held	

Texas Ethics Commission	P.O. Box 12070	Austin, Texas /	8/11-20/0		(512) 463-5800 1-800-325
LOANS (JUDICIAL)				SCHEDULE E (J)
The Instruction Gu	DE explains how to complete t	his form.		1 Total pag	es Scheduln E(J):
2 FILER NAME				3 ACCOUN	T# (E'hics Commission filers)
4 TOTA	AL OF UNITEMIZED LO	DANS: ⇔	D D	\$ \$ \$	\$
5 Date of loan	7 Name of lender		out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip	Code	• • • • • • • • • • • • • • • • • • • •	10 Interest rate
Y N					11 Maturity date
12 Lender's Principal Oc	cupation	 ,	13 Lender's Jo	b Title	
14 Lender's Employer/l	aw Frim		15 Law Firm o	f lender's spouse (if ar	(yr
16 If lender is child, law	firm of parent(s) (if any)				
17 Description of Collate	ral				
18 GUARANTOR INFORMATION	19 Name of guarantor				21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City;	State; Zip C	Code	• • • • • • • • • • • • • • • • • • • •	
22 Guarantor's Principal	Occupation		23 Guarantor's	Job Title	
24 Guarantor's Employer	/Law Frim		25 Law Firm of	guarantor's spouse (ii	f any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

26 If guarantor is child, law firm of parent(s) (if any)

POLITICAL: EXPENDITURES

SCHEDULE F

** ,	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
ELISABUTH A. EARLE	3 ACCOUNT# (Ethics Commission filers)
Date 5 Payee name U.S. POSTMASTER 2 20 02 6 Payee address; City; State; Zip Cod 510 GUADRUPE ST. A	e #170 30
Purpose of expenditure	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Payee name Rayon Maluer Medac Payee address; City; State; Zip Code Sol N TH35 Australia	Amount (S) 48,554°= 78,702
Purpose of expenditure MALLER	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name U.S. POSTMASTER 2 22 02 Payee address: City: State: Zip Code 510 GUAJALUPE F. AL	
Purpose of expenditure	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held
Date Payee name AUSTON CHRONTUE Payee address; City; State; Zip Code Payee Address; City; State; Zip Code Payee Address; Australia	• • • • • • • • • • • • • • • • • • • •
Purpose of expenditure Apution Tos In L	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

exas	Ethics	Commission
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P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

LOANS (JUDICIAL)	·		SCHEDULE E (J)	
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sch	edule E(J):	
2 FILER NAME			3 ACCOUNT# (E	thics Commission filers)	
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$	\$	\$	
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City; State; Zip	Code	••••••	10 Interest rate	
Y . N	·			11 Maturity date	
12 Lender's Principal Oc	cupation	13 Lender's Job Title			
14 Lender's Employer/Law Frim 15 Law Firm of lender's spouse (if any)					
16 If lender is child, law	firm of parent(s) (if any)				
17 Description of Collate	ral .				
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)	
20 Guarantor address; City; State; Zip Code not applicable					
22 Guarantor's Principal	Occupation	23 Guarantor's Job Tit	le	·	
24 Guarantor's Employer/Law Frim 25 Law Firm of guarantor's spouse (if any)					
26 If guarantor is child, law firm of parent(s) (if any)					
·		·			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

					
The Instructi	он Guide explains I	now to complete this form.		1 Total pages	S Schedule F:
FILER NAM	CLESABE.	THA EARLE		3 ACCOUNT	# (Ethics Commission filers)
Date	5 Payee name 6 Payee addre	PC ss; City; State; Zip Code Sox 12383 UStr Tx 子	8711		7 Amount (S) 4/282 SO
Purpose of ex	i. HER		9 ·· Complete if direct expe Candidate / Officeholder		it C/OH •• Office sought / held
Date 2 28 02	Payee name RAVI Payee addre	SCOUNTY DEMUCRES Signal City: State: Zip Code Box 684263 Aus	эта Pairy та, Tx. 7876		Amount (\$) # 750 00
Purpose of ex	penditure		· Complete if direct exper	nditure to benefi	
Ac)VERTES IN L		Candidate / Officeholder r	name	Office sought / held
Date 3/1/02	Payee name Payee addres	i Avitan Demaco si city; state: zip code Elbert Donsbaco S Glencoe Ci Avità Texa	rel my		Amount (S)
Purpose of exp	penditure	The Copy of the Co	·· Complete if direct expen	diture to benefit	С/ОН ••
FLYER	2		Candidate / Officeholder n		Office sought / held
Date	Payee name)			Amount
3/1/02	Payee address	^	Austry Tr. 7876	5	4711°°
Purpose of exp	enditure		· Complete if direct expen	diture to benefit	C/OH ··
Λ	VERTES EN	/>	Candidate / Officeholder na		Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

23 Guarantor's Job Title

25 Law Firm of guarantor's spouse (if any)

22 Guarantor's Principal Occupation

24 Guarantor's Employer/Law Frim

26 If guarantor is child, law firm of parent(s) (if any)

POLITICAL	
EXPENDITURES	3

SCHEDULE F

The Instruction	א Guide explains how to complete this form.		1 Total pa jes Schedule F:
FILER NAM	ELISMBOTH A. EARLE		3 ACCOUNT # (Ethics Commission filers)
)	5 Payee name RINDY MULLER M	•	7 Amount (S) 14/000 ²¹ 2
Purpose of exp	penditure	9 · Complète if direct expe Candidate / Officeholder r	
An	UBRITISON 6		
Date	Payee name	_	Amount (\$)
2/8/2	Payee iddress; City; State; Zip Code 906 RTO GRANDE ALSTO	Λιζ.	#5175
	706 Vito GRANDE HUSTO	U, (x. 7870/	
Purpose of exp	penditure	Complete if direct exper	
WA	HK LESTS		
Date	Payee name		Amount (\$)
2/22/22	Payee address; City: State: Zip Code		#2706
	906 RES GRANDE AUS	Ton, 78. 7870	01
Purpose of exp	enditure	 Complete if direct expended of the complete if direct expended of the complete in the complete in the complete in the complete in the complete if direct expended on the complete in the complete	
·	Walklists		
Date	Payee name		Amount (\$)
2/25/02	SILTHUESTEAN BELL Payee address: City; State; Zip Code 10. Box 4699 Houston	Ts. 77097	4/2325
Purpose of exp	enditure	Complete if direct expen Candidate / Officeholder na	
		•	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)			SCHEDULE E (J)
The Instruction Gui	DE explains how to complete this form.		1 Total pages Scho	edule E(J):
2 FILER NAME			3 ACCOUNT# (Et	hics Commission filers)
4 тот/	AL OF UNITEMIZED LOANS: ⇔	D D D	⇔ ⇔	\$
5 Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State; Zip	Code	•••••••	10 Interest rate
Y N		. •		11 Maturity date
12 Lender's Principal Oc	cupation	13 Lender's Job Title		
14 Lender's Employer/La	aw Frim	15 Law Firm of lender	's spouse (if any)	
16 If lender is child, law	firm of parent(s) (if any)			
17 Description of Collate	ral .			
18 GUARANTOR INFORMATION	19 Name of guarantor		-	21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip	Code		
22 Guarantor's Principal	Occupation	23 Guarantor's Job Titl	le	
24 Guarantor's Employer/Law Frim 25 Law Firm of guarantor's spouse (if any)				
26 If guarantor is child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Scr	nedule A(J):
FLISABETH A. EARLE	•	3 ACCOUNT # (E	thics Commission filers)
2/2/02 6 Contributor address; City; State; Zip Code P.O. BOX 684746 AUSTER		7 Amount of contribution (s)	8 In-kind contribution description(if applicable)
Contributor's principal occupation Lecture Former Govern	10 Contributors job t		Uisor
11 Contributor's employer/law firm	12 Law firm of contrib	outor's spouse (if a	any)
3 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor RUBER! TENHAUER - RAN Contributor address; City: State; Zip Code 1103 NULCES ST. AUSTAN, T		Amount of contribution (s)	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributors job til		·
Contributor's employer/law firm SELF CHAPLESTED	Law firm of contrib	NEY utor's spouse (if a	ny)
If contributor is a child, law firm of parent(s) (if any)	` •		
Date Full name of contributor JINY L. TRABULST. Contributor address: City: State: Zip Code 828 W. 67th St. Austral		Amount of contribution (s)	In-kind contribution description(if applicable)
Contributor's principal occupation PUEIZTESTUB	Contributor's job titl	le	
Contributor's employer/law firm	Law firm of contribu	itor's spouse (if an	у)
If contributor is a child, law firm of parent(s) (if any)			

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P.O. Box 12070

	PLEDGE	D CONTRIBUTIONS (JUI	DICIAL)			SCHEDULE B (J)
	The Instruction	พ Guioɛ explains how to complete this f	orm.		1 Total pages Sci	hedule B(J):
2	FILER NAMI	E		•	3 ACCOUNT# (I	Ethics Commission filers)
4	TOTAL	OF UNITEMIZED PLEDGES:	⇔	\$ \$ \$	\$ \$	\$
5	Date	6 Full name of pledgor 7 Pledgor address; City; Sta	ate; Zip Code	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
			•		.	
10) Pledgor's prin	cipal occupation		11 Pledgor's job ti	itle	
12	Pledgor's emp	lloyer/law firm		13 Law firm of ple	dgor's spouse (if an	y)
14	if pledgor is a	child, law firm of parent(s) (if any)			•	
==	Date	Full name of pledgor	[out of state PAC	Amount of pledge (S)	In-kind description (if applicable)
			e; Zip Code			
	Pledgor's princ	cipal occupation		Pledgor's job til	tle :	·
	Pledgor's emp	loyer/law firm		Law firm of pled	igor's spouse (if any	()
	If pledgor is a	child, law firm of parent(s) (if any)				
	Date	Full name of pledgor Pledgor address; City; State	. Zip Code	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor's princ	cipal occupation		Pledgor's job tit	le	<u>'</u>
	Pledgor's employer/law firm Law firm of pledgor's spouse (if any)					
	If pledgor is a	child, law firm of parent(s) (if any)	1			
	If contri	ATTACH ADDITION butor is out-of-state PAC, please				ing requirements.

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J):	
ELTSINGETH A. EARLE	3 ACCOUNT # (Etnics Commission filers)
	contribution (s) description(i	ntribution f applicable)
Contributor's principal occupation	10 Contributors job title	
1 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)	
3 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor MARY TANK CAUNELL Contributor address; City: State; Zip Code 8713 COLLEWGIN AUSTIN,	Amount of contribution (s) In-kind condescription (if	•
Contributor's principal occupation	Contributors job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)	•	
Date Full name of contributor TOSCA A GRUBER Contributor address; City; State; Zip Code 4501 LAGO VECTO AUSTA	out of state PAC Amount of contribution (s) In-kind condescription (if	
Contributor's principal occupation VEAL ESTATE	Contributors job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED ,

PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B (J) 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) TOTAL OF UNITEMIZED PLEDGES: Amount of Full name of pledgor Date Out of state PAC In-kind description pledge (\$) (if applicable) Pledgor address; City; State; Zip Code 10 Pledgor's principal occupation 11 Pledgor's job title 12 Pledgor's employer/law firm 13 Law firm of pledgor's spouse (if any) 14 If pledgor is a child, law firm of parent(s) (if any) Date Full name of pledgor Out of state PAC Amount of In-kind description pledge (\$) (if applicable) City; State; Zip Code Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) Date Amount of In-kind description Full name of pledgor pledge (\$) (if applicable) Pledgor address: City; State; Zip Code Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Sch	edule A(J):
FILER NAME		3 ACCOUNT # (Et	hics Commission filers)
	•	•	•
KLISABOTH A. CARLE	·	1	
	Out o state PAC	7 Amount of contribution (S)	8 In-kind contribution description(if applicable)
2 Z D 2 6 Contributor address; City; State; Zip Code		\$10000	 -
1013 CHESTERWOOD LOVE AUSTER	TA 78746	- 700	
Contributor's principal occupation	10 Contributor's job	tille	ta
1 Contributor's employer/law firm	12 Law firm of contri		
TCKA	•	,,, c	,
3 If contributor is a child, law firm of parent(s) (if any)			
Date Full name of contributor	out of state PAC	Amount of	In-kind contribution
	_	contribution (\$)	description(if applicable)
TULBOTATE JAWORSKE	L.LP 1		
Z 8 02 Contributor address; City: State: Zip Code		\$5000	
1301 M= Koniver, Ste S100 H	00570.0, Tx.		
Contributor's principal occupation	Contributors job t	title	
LAWYER :	HTTOI	2 VEW	
Contributor's employer/law firm (U - (RICHT) TAWORSKE (LA)	Law firm of contril	butor's spouse (if a	ny)
If contributor is a child, law firm of parent(s) (if any)		··· <u> </u>	
	•		
Date Full name of contributor	out of state PAC	Amount of	In-kind contribution
) Oot of state PAC	contribution (S)	description(if applicable)
TERCE			, , , , , , , , , , , , , , , , , , , ,
Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • •	14	1
2 8 0 2	1	B100=1	1
(SELL CLENRAGE DR. AUSTEN,	Tu 28711	7700	
Collection and the collection	(2.1313)	i	
Contributor's principal occupation	Contributor's Job ti		
b - 1 ()	Contributors job ti	itte	}
Contributor's employer/law firm	Law Company of the Co.		
Continuotor's employernaw firm	raw titul of coultip	outor's spouse (if an	(ע
If contributor is a child, law firm of parent(s) (if any)			
in contributor is a crimo, law little of parent(s) (if any)		•	
			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGE	D CONTRIBUTIONS (JUDICIAL)		SCHEDULE B (J)
The Instruction	איס Guios explains how to complete this form.		1 Total pages Sc	chedule B(J):
2 FILER NAM	E .		3 ACCOUNT#(Ethics Commission filers)
4 TOTAL	OF UNITEMIZE D PLEDGES: ⇔	\$ \$ \$	\$ \$	\$
5 Date	6 Full name of pledgor	Out of state PAC	8 Amount of pledge (S)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Co			1
10 Pledgor's prin	cipal occupation	11 Pledgor's job it	<u>ll.</u> lle	
12 Pledgor's emp	oloyer/law firm	13 Law firm of plee	dgor's spouse (if an	у)
14 If pledgor is a	child, law firm of parent(s) (if any)			
Date	Full name of pledgor	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City, State; Zip Cod			
Pledgor's princ	cipal occupation .	Pledgor's job titl	le .	
Pledgor's emp	loyer/law firm	Law firm of pled	gor's spouse (if any	y)
If pledgor is a	child, law firm of parent(s) (if any)			
Date	Full name of pledgor	Out of state PAC	Amount of pledge (S)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
	•	-		
Pledgor's princ	ipal occupation	Pledgor's job title	e	1
Pledgor's empl	loyer/law firm	Law firm of pledg	gor's spouse (if any)
If pledgor is a	child, law firm of parent(s) (if any)	<u> </u>		
				
If contril	ATTACH ADDITIONAL COPIE butor is out-of-state PAC, please see instr			ing requirements.

SCHEDULE A (J)

The Instruction	ы Guide explains how to complete this form.	1 Total pages Schedule A(J):
FILER NAM	LISABETH A. EARLE	3 ACCOUNT # (Ethics Commission filers)
2/8/02	5 Full name of contributor. Out of state L-BAR CATTLE: EDUTAMENT CO., LLC 6 Contributor address; City; State: Zip Code 4826 Hwy 71E Der VALLE, Tx. 781	contribution (s) description(if applicable)
_	principal occupation 10 Contri	ibutor's job title
1 Contributor's e		irm of contributor's spouse (if any)
3 If contributor is	a child, law firm of parent(s) (if any)	
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- Akic	a child, law firm of parent(s) (if any)	m of contributors spouse (if any) aus Could District Allower
Date 2 8 02	Full name of contributor out of state I HANNIA? PLAUT LLA Contributor address: City: State: Zip Code (16 E 6 TH ST, STE S20 AUSTAU, Tx.	contribution (S) description(If applicable)
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PLED.G	ED CONTRIBUTIONS (JU	DICIAL)	,	SCHEDULE B (J)
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2 FILER NA	ME	•	3 ACCOUNT#(Ethics Commission filers)
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SCHEDULE A (J)

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2 FILER NAM	LISABETI A. EARLE	•	3 ACCOUNT# (Et	trics Commission filers)
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PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B. (J). 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES: \$ Amount of 9 Full name of pledgor In-kind description Date Out of state PAC pledge (\$) (if applicable) Pledgor address; City; State; Zip Code 11 Pledgor's job title 10 Pledgor's principal occupation 12 Pledgor's employer/law firm 13 Law firm of oledgor's spouse (if any) 14 If pledgor is a child, law firm of parent(s) (if any) Date Full name of pledgor Out of state PAC Amount of In-kind description pledge (\$) (if applicable) City; State; Zip Code Pledgor address; Pledgor's job title Pledgor's principal occupation Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) Amount of Date Full name of pledgor Out of state PAC In-kind description pledge (S) (if applicable) Pledgor address; City; State; Zip Code Pledgor's principal occupation Pledgor's job title Pledgor's employer/law firm Law firm of pledgor's spouse (if any) If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Iнstruction Guide explains how to complete this form.	1 Total pages Schedule A(J):
FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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	7 Amount of 8 In-kind contribution contribution (5) description(if applicable)
2/5/3: 6 Contributor address; City; State; Zip Code	\$1000
56018 PARKIREST Dr. STE 200 Aus	7.N.Tr. 78731
Contributor's principal occupation	10 Contributors job title Oresident
1 Contributor's employer/law firm	12 Law firm of contributor's spouse (if any)
3 If contributor is a child, law firm of parent(s) (if any)	
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2/15/02 Contributor address: City: State: Zip Code 36/6 CLABURN DZ. AUSTOU.	Tu 707-9 4/000
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
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MECHAEL D. ME KELUS	Out of state PAC Amount of In-kind contribution description(if applicable)
2(15/1)Z Contributor address; City; State: Zip Code 2002 CANTAN COVE RIVINGRO	SCK, Tx 78664 \$50000
Contributor's principal occupation	Contributor's Job title
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PLED.GE	ED CONTRIBUTIONS (JUDICIA	AL)			SCHEDULE B (J)
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SCHEDULE A (J)

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The Instruction	Guide explains how to complete this form.		1 Total pages Sch	edule A(J):
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, ,	RTCHARA E. FERRES	Out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
2/5/12	6 Contributor address: City: State: Zip Code P.O. Box 444 Austra, Tr.		#10000	!
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11 Contributors en	nployer/law firm	12 Law firm of contr	ibutor's spouse (if a	nny) .
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Date .	RAYMOND L. THOMAS	out of state PAC	Amount of contribution (S)	In-kind contribution description(if applicable)
2/15/12	Contributor address: City: State: Zip Code A. B. Ox 4103 Mc ALLEN, To		#10000	
Contributor's prin	ncipal occupation	Contributors Job	title	
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SCHEDULE A (J)

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	Tommy JACKS AC.	Out of state PAC	7 Amount of contribution (S)	I 8 In-kind contribution description(if applicable)
2/12/05	6 Contributor address; City; State; Zip Code		\$50000	İ
	111 CONGRESS AUG. STE 1010 AC	STON, Tr. 78751.		1
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	employer/law firm — Alco P.C.	12 Law firm of contri		iny)
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2/15/02	Contributor address; City; State; Zip Code	••••	\$50000	
	1801 GUADALLAE ST. AUSTON,	Tx. 78701.		<u>. </u>
Contributor's p	rincipal occupation	Contributors job t	itle	
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2/5/02	P.O. Box 87 LIDENT-1, Tx. 7	ファくつに	\$10000	
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SCHEDULE A (J)

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U, TE 78731 "230
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Contributors job title
Law firm of contributor's spouse (if any)

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SCHEDULE A (J)

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2 FILER NAME ELTSASETH A. EARLE	•	3 ACCOUNT# (E	thics Commission filers)
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3 If contributor is a child, law firm of parent(s) (if any)			
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36 SUNDINA PRION AUSTO	w. Tx. 78746		
Contributor's principal occupation	. Contribator's Job t	itle	
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If contributor is a child, it w firm of parent(s) (if any)			

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4 TOTAL	_ OF UNITEMIZED PLEDGES:	\$ \$ \$ \$	D D	\$
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SCHEDULE A (J)

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2/22/02 6 Contributor address; City; State; Zip Code 1741 SAYBLASS D2#203 AUSTIN, TK. 78746	\$10000
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1 Contributor's employer/law firm of Philip Lewis 12 Law fi m of contributor's employer/law firm	ributor's spouse (if any)
3 If contributor is a child, law firm of parent(s) (if any)	
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600 WEST 12 ST. ALSTEN, TX. 78711	1
Contributor's principal occupation Contributor's Job to the Contributo	title SRNEY
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f contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGI	ED CONTRIBUTIONS (JUDICIAL))		SCHEDULE B (J)
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4 TOTAL	OF UNITEMIZED PLE DGES: ⇒	\$ \$ \$	\$ \$	\$
5 Date	6 Full name of pledgor	[] out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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SCHEDULE A (J)

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2 FILER NAME	3 ACCOUNT # (Etnics Commission filers)						
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11 Contributor's employerflaw firm (Seone Shapen + Associates 12 Law firm of contributor's : souse (if uny)							
3 If contributer is a child, law firm of parent(s) (if any)							
Date Full name of contributor Out of state PAC RIXEWELL 1 PATIERS Committee Contributor address: City: State: Zip Code	Ame int of In-kind contribution contribution (S) description(if applicable)						
2/22/02 7/1 LOUESEANA, STE 2900 HOUSAN, TV 77002	#5 X) 32						
Contributor's principal occupation Contributor's Job	title						
Contributor's employer/law/firm Parterson P. C Law firm of contributor's s buse (if Eny)							
If contributor is a child, law firm of parent(s) (if any)							
Date Full name of contributor out of state PAC THE HENALER LAW FORM PL. Contributor address; City; State; Zip Code	Amount of In-kind contribution description(if applicable)						
2/22/02 816 CONGRES AUE STE 1100 AUSTON, TX 78701	#500°=						
Contributor's principal occupation Contributor's Job Awyter Contributor's Job	title PUJSY						
Contributor's employer/law firm THE HENRIEZ LAW FORM P.C. Law firm of contributor's spouse (if any)							
If contributor is a child, law firm of parent(s) (if any)							

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	PLED.GED	CONTRIBUTIONS (JUDICIAL	_)			SCHEDULE B (J)		
The Instruction Guide explains how to complete this form.					1 Total pages Schedule B(J):			
2	FILER NAME				3 ACCOUNT # (Ethics Commission filers)			
4	TOTAL C	F UNITEMIZED PLEDGES:	⇒ ⇔	\$	\$ \$	\$		
5	Date (Full name of pledgor		out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Інстгистон Guide explains how to complete this form.	1 Total pages Schedule A(J):
ELTSABETH A EARLE	3 ACCOUNT # (Etnics Commission filers)
	out of state PAC 7 Amount of contribution (s) 8 In-kind contribution description (if applicable) 4 A7 L ALU 105701, Tt. 78701
Contributor's principal occupation	10 Contributor's Job title
1 Contributor's employer/law firm SELF-EMPW4EN B. D.Zer+ Ma	12 Law irm of contributor's spouse (if any)
3 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor CEARGE: DINALISON L.C. Contributor address; City: State: Zip Code 1/4 W 7457. Auston, Tx 7	Amount of In-kind contribution contribution (S) In-kind contribution description(if applicable)
Contributor's principal occupation	Contributors job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	•
Date Full name of contributor Shewing HODBES Contributor address; City; State; Zip Code 3102 Encounter DR. Austra	Amount of contribution (S) Amount of contribution (S) Amount of contribution (S) Amount of ln-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

ATTACH ADDITIONAL COLIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see in: truction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS (JUDICIAL)				SCHEDULE B (J)
The Instruct	пом Guide explains how to complete this f	form.	1 Total pages Sc	th dule B(J):
2 FILER NAME		3 ACCOUNT#(E: ics Commission filers)	
4 TOTAI	L OF UNITEMIZED PLEDGES:	\$\phi \phi \phi \phi \phi	D D	\$
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SCHEDULE A (J)

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Ī	-TSABOTH A. EARLE	•	,	nes Commission mersy
Date .	5 Full name of contributor. THE RUSK LAU TORM 6 Contributor address; City: State: Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	910 LAVACA AUSTEN, Tr.	78711		<u> </u>
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1 Contributor's	employer/law firm THE RUSK LAW FORM AC.	12 Law firm of contr		ny)
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SCHEDULE A (J)

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2 FILER NAM	LISARETH A. FARLE	•	3 ACCOUNT# (Eu	nics Commission filers)
4 Date	5 Full name of contributor RUSSELL T KELLEY 6 Contributor address; City: State: Zip Code 98 S. TO TAKKNOTO BLVIS. 575-90()	Out of state PAC AUSTIN, Ts: 78701	7 Amount of contribution (s)	8 In-kind contribution description(if applicable)
9 Contributor's	principal occupation	10 Contributor's job		
11 Contributor's	employer/law firm	12 Law firm of contr	ibutor's spouse (if a	ny)
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0ate 3/2/02	Full mame of contributor ITTLEP C. FREDAY, JR. Contributor address; City: State: Zip Code 700 SAN ANTONIO AUSTIN, Tr.	out of state PAC	Amount of contribution (s)	In-kind contribution description(if applicable)
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P.O. Box 12070

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5	Date	6 Full name of pledgor 7 Pledgor address; City, State; 2	out of state PAC Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applic 1ble)
10 F	Pledgor's prin	ncipal occupation	11 Pledgor's job t	title	<u> </u>
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SCHEDULE A (J)

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2 FILER NAM	IE		3 ACCOUNT# (EU	hics Commission filers)
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5	-ESABETH /- LARLE	· · · · · · · · · · · · · · · · · · ·		
3/2/ ₃₂	6 Contributor address; City: State: Zip Code		7 Amount of contribution (s)	8 In-kind contribution description(if applicable)
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3 If contributor i	s a child, law firm of parent(s) (if any)			
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2/2/2	Contributor address; City; State; Zip Code	D	#75/00 I	
3/2/02	603 WEST 871151. AUSTIN, T	Tr. 78701		
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission

PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B (J). 1 Total pages Schedule B(J): The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES: Amount of 10 In-kind description Full name of pledgor Date pledge (\$) (if applicable) Pledgor address; City; State; Zip Code 11 Pledgor's job title 10 Pledgor's principal occupation 13 Law firm of pledgor's spouse (if any) 12 Pledgor's employer/law firm 14 If pledgor is a child, law firm of parent(s) (if any) out of state PAC Amount of In-kind description Date Full name of pledgor pledge (\$) (if applicable) City; State; Zip Code Piedgor address; Pledgor's job title Pledgor's principal occupation Law firm of pledgor's spouse (if any) Pledgor's employer/law firm If pledgor is a child, law firm of parent(s) (if any) Amount of In-kind description Date Full name of pledgor Out of state PAC (if applicable) pledge (\$) Pledgor address; City; State; Zip Code Pledgor's job title Pledgor's principal occupation Law firm of pledgor's spouse (if any) Pledgor's employer/law firm If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

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FILER NAM	LUSAROTH A. EARLE	·	3. ACCOUNT # (Eu	nics Commission filers)
3/2/i)2	5 Full name of contributor LARA SALMANSON SA 6 Contributor address: City: State: Zip Code 2616 W. 4774 St. Austan		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
Contributor's p	principal occupation	10 Contributor's job		•
1 Contributor's	eniployer/law firm	12 Law firm of contri		ny)
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Date	Full name of contributor 1 D. LIYIM O WHITEHURY Contributor address; City: State; Zip Code 2703 WESTLAKE Dr. AUSTER	out of state PAC	Amount of contribution (S)	In-kind contribution description(if applicable)
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SCHEDULE A (J)

The Інsтвистюн Guide explains how to complete this form.	1 Total pages Schedule A(J):
FILER NAME A	3 ACCOUNT # (Ethics Commission filers)
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Date 5 Full name of contributor . Out of state PAC	7 Amount of 8 In-kind contribution
	contribution (S) description(if applicable)
JUSAN CNOELKONG	//
3 2 02 6 Contributor address; City; State; Zip Code	4/200
3702 TERRONA, #11 AUSTON, IX 7859	;
Contributor's principal occupation / 10 Contributor's job	title/
public relations pres	dest
	butor's spouse (if any)
3 If contributor is a child, law firm of parent(s) (if any)	· · · · · · · · · · · · · · · · · · ·
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Date Full name of contributor	Amount of In-kind contribution
	Amount of In-kind contribution contribution (S) description(if applicable)
2/2-07 Contributor address; City; State; Zip Code	
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1 2200 MEGLIH / 103 1210, 12 18703	
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Contributor's employer/law firm	outors spouse (if any)
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Contributor address; City; State; Zip Code	#11000
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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4 TOTAL	OF UNITEMIZED PLEDGES:	D D D		\$
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SCHEDULE A (J)

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5	BARTH A. EARLE	•	,	
Date	5 Full name of contributor .	Out of state PAC .	7 Amount of	8 In-kind contribution
	RICHARD C. HOLE	••••••	contribution (\$)	description(if applicable)
3/2/02	6 Contributor address; City; State; Zip Cod 1601 RTO CRANULE, STE. 330 A	15TON, TX.78701	#250°º	
Contributor's	principal occupation	10 Contributors Job	title	
	AWYER	H-MOR.	NEY	
	employer/law firm CLF - EMP LO 4000	12 Law firm of contr	ibutor's spouse (if a	iny)
3 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
3/2/02	Contributor address: City: State: Zip Code 4510 Sitingsh (AK TRAGE F	e ' '	#250°=	•
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Date	Full name of contributor	Out of state PAC	Amount of contribution (S)	In-kind-contribution description(if applicable)
3/2/02	Contributor address: City: State: Zip Code	_	\$1500°	
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Texas Ethics Cornmission

PLEDGED CONTRIBUTIONS (JUDICIAL) SCHEDULE B. (J). 1 Total pages Schedule B(I): The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES: 8 Amount of In-kind description Full name of pledgor Out of state PAC Date pledge (S) (if applicable) Pledgor address; City; State; Zip Code 10 Pledgor's principal occupation 11 Pledgor's job title 13 Law firm of pledgor's spouse (if any) 12 Pledgor's amployer/law firm 14 If pledgor is a child, law firm of parent(s) (if any) Amount of In-kind description Date Full name of pledgor Out of state PAC (if applicable) pledge (\$) City; State; Zip Code Pledgor address; Pledgor's principal occupation Pledgor's job title Law firm of pledgor's spouse (if any) Pledgor's employer/law firm If pledgor is a child, law firm of parent(s) (if any) n-kind description Out of state PAC Amount of Date Full name of pledgor pledge (\$) (if applicable) City; State; Zip Code Pledgor address; Pledgor's principal occupation Pledgor's job title Law firm of pledgor's spouse (if any) Pledgor's employer/law firm If pledgor is a child, law firm of parent(s) (if any) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):		
FILER NAME ELBABETH A EARLE			3 ACCOUNT # (Etnics Commission filers)		
3 /2 /02	5 Full name of contributor	Out of state PAC	7 Amount of contribution (s)	8 In-kind contribution description(if applicable)	
	1912 REDLANDS AUSTER	1, Tx. 78757			
Contributors principal occupation Teal Teal			title.		
1 Contributors	employer/law firm Realtons.	12 Law firm of contr	ibutor's spouse (if a	ny)	
3 If contributor is a child, law firm of parent(s) (if any)					
Date .)	Out of state PAC	Amount of contribution (S)	In-kind contribution description(if applicable)	
3/2/02	Contributor address: City: State: Zip Code ONE RUSRUALICATE, STE / 700.	SANANTONOS, Tr. 78205	#25004	·	
Contributor's principal occupation Contributor's job to			ille TURNEY		
			butor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)					
Date 3/১/১건	Full name of contributor LXKE LTD ACC SAPA CONTRIBUTOR address; City: State: Zip Code 100 CONGRETS AVE, STESSO A		Amount of contribution (s)	In-kind contribution description(if applicable)	
Contributor's p	principal occupation	Contributor's Job ti	tle		
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L	acre L proce: SAA	Law firm of contrib	utor's spouse (if any	()	
If contributor is a child, law firm of parent(s) (if any)					

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLED.GE	ED.CONTRIBUTIONS (JUDICIA	AL)		SCHEDULE B (J)	
The Instruction	The Iнstruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule B(J):	
2 FILER NAM	IE	•	3 ACCOUNT # (Ethics Comn ission filers)		
4 TOTAL	OF UNITEMIZED PLEDGES:	+ + + + + + + + + + + + + + + + + + +	⇔ .⇔	\$	
5 Date	6 Full name of pledgor 7 Pledgor address; City; State; Zip	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
10 Pledgor's prin	ncipal occupation	11 Pledgor's job to	title	<u></u>	
12 Pledgor's em	ployer/law firm	13 Law firm of ple	13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a	a child, law firm of parent(s) (if any)		•		
Date	Full name of pledgor	Out of state PAC	Amount of pledge (\$)	1)-kind description (if applicable)	
	Pledgor a Idress; City; State; Zip	Code		 	
Pledgor's prin	ncipal occupation	Pledgor's job title			
Pledgor's emp	ployer/law firm	Law firm of pledgor's spouse (if any)			
If pledgor is a	child, law firm of parent(s) (if any)				
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SCHEDULE A (J)

The Iнstruction Guide explains how to complete this form.			1 Total pages Scho	edule A(J):	
FILER NAM	AE A		3 ACCOUNT# (E	hics Commission filers)	
	CLESAISETH A. EARLE	•			
Date	5 Full name of contributor .	Out of state PAC	7 Amount of	8 In-kind contribution	
	T / Man	•	contribution (S)	description(if applicable)	
	6 Contributor address; City: State; Zip Code	3	11	İ	
3/2/02	6 Contributor address; City: State; Zip Code		4/1/ 37	; ;	
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	LAWLER	L ATU	RNEY		
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Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution	
		_ Out of state / Ac	contribution (\$)	description(if applicable)	
i 1	PAULIS P. WHETTLESES	1		, , , , ,	
2/2/2	Contributor address; City; State; Zip Code		11,0 -00	_	
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	, , , , , , , , , , , , , , , , , , , ,	7:746	i		
Contributor's	principal occupation	Contributor's Job 1	title		
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Contributor's	employer/law firm	1 aw firm of contd	butor's spouse (if ar	nv)	
BRUNECK, Phleger + Having 162					
If contributor is	s a child, law firm of parent(s) (if any)		 		
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Date	Full name of contributor	out of state PAC	Amount of	In-kind contribution	
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î l	ISEN BARNES		, .		
2/2/02/	Contributor address; City; State; Zip Code	1	1/-1/100		
216106	and of Sical	a 1	4500-1		
	98 SAN JAICENTO BUD, STE 250 /	105700, /r.		•	
		78741	İ	•	
Contributor's principal occupation Contributor's Job title					
<i>k</i>	2lus ires ma	Dunes			
Contributor's e	mployer/law firm		utor's spouse (if any	ν)	
If contributor is a child, law firm of parent(s) (if any)					

PLED.GI	ED CONTRIBUTIONS (JUDIO	CIAL)	. :	SCHEDULE B (J)	
The Instruction	The Instruction Guide explains how to complete this form.		1 Total pages Sch	1 Total pages Schedule B(J):	
2 FILER NAM	2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)		
4 TOTAL	OF UNITEMIZED PLEDGES:	\$ \$ \$ \$	\$ \$	\$	
5 Date	6 Full name of pledgor 7 Pledgor address; Ci y; State;	out of state PAC Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)	
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10 Pledgor's prid	ncipal occupation	11 Pledgor's job ti	tle		
12 Pledgor's em	12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)		
14 If pledgor is a	a child, law firm of parent(s) (if any)				
Date	Full name of pledgor	out of state PAC	Amount of . pledge (\$)	In-kind description (if applicable)	
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If pledgor is a	child, law firm of parent(s) (if any)				
If contri	ATTACH ADDITIONAL ibutor is out-of-state PAC, please se	COPIES OF THIS FORM A		ng re⇔uirements.	